



Campaign Finance Section Financial Report

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name: Delaware Soft Drink PAC

Account Number: ***** Date of this Report: 01/19/2008

Reporting Period Start: 01/01/2007 Reporting Period End: 12/31/2007

Office: _____

Check the box that applies to this report:

| | | |
|------------------|---------------------|----------------------|
| Primary Election | <u> </u> 8-DAY | <u> </u> 30-DAY |
| General Election | <u> </u> 8-DAY | <u> </u> 30-DAY |
| Other Election | <u> </u> 8-DAY | <u> </u> 30-DAY |
| Special Election | <u> </u> 8-DAY | <u> </u> 30-DAY |

 X YEAR END

| | | | | |
|-----------------------------|-------------------|-----------------|---------------|-------|
| Final Organization Closing: | <u> </u> YES | <u> X </u> NO | Closing Date: | _____ |
| Amendment: | <u> </u> YES | <u> X </u> NO | | |

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

TREASURER SIGNATURE _____ DATE _____

CANDIDATE SIGNATURE _____ DATE _____



STATEMENT OF ACCOUNT BALANCE

| | | | | |
|---|-------|-------------------|--------------------|------------------|
| Account Number: | ***** | Reporting Period: | 01/01/2007 FROM | 12/31/2007 TO |
| 1. BEGINNING BALANCE (Ending Balance from last reporting period) | | | | \$506.03 |
| 2. RECEIPTS: | | | | |
| A. SCHEDULE A - TOTAL RECEIPTS | | | | \$4,000.00 |
| B. SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS | | | | \$0.00 |
| C. SCHEDULE D-1 - TOTAL LOANS RECEIVED | | | | \$0.00 |
| D. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS RECEIVED | | | | \$0.00 |
| E. SUBTOTAL (Total of A,B,C,D) | | | | \$4,000.00 |
| 3. EXPENDITURES: | | | | |
| F. SCHEDULE B - TOTAL EXPENDITURES | | | | \$2,728.38 |
| G. SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES | | | | \$0.00 |
| H. SCHEDULE D-2 - TOTAL LOAN PAYMENTS | | | | \$0.00 |
| I. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS PAID | | | | \$0.00 |
| J. SUBTOTAL (Total of F,G,H,I) | | | | \$2,728.38 |
| 4. ENDING BALANCE (Beginning Balance plus 2E minus 3J) | | | | \$1,777.65 |
| 5. VALUE OF NON-CASH ASSETS (From Schedule F) | | | | \$0.00 |
| 6. VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G) | | | | \$0.00 |
| 7. VALUE OF LOANS AT END OF PERIOD (Loan Balance From Schedule D-2) | | | | \$0.00 |
| 8. CLOSE OUT BALANCE (Must equal zero if committee closed) | | | | \$1,777.65 |



SCHEDULE A - TOTAL RECEIPTS

Account Number: ***** Reporting Period: 01/01/2007 12/31/2007
FROM TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:

| Date Received | Contributor Name | Contributor Mailing Address | Aggregate Amount | Amount Received |
|--|-------------------|--|------------------|-------------------|
| 03/09/2007 | PBV Salisbury LLC | 4141 ParkLake Avenue, Suite 600, Raleigh, NC 27612 | \$0.00 | \$4,000.00 |
| TOTAL RECEIPTS IN EXCESS OF \$100 | | | | \$4,000.00 |
| TOTAL RECEIPTS NOT IN EXCESS OF \$100 | | | | \$0.00 |
| GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A) | | | | \$4,000.00 |



SCHEDULE B - TOTAL EXPENDITURES

Account Number: ***** Reporting Period: 01/01/2007 12/31/2007
FROM TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

| Date Expended | Payee Name | Payee Mailing Address | Aggregate Amount | Amount Expended |
|---------------|-------------------------------------|--|------------------|-----------------|
| 12/31/2007 | PNC Bank | Annapolis, Maryland 21401 | \$0.00 | \$128.38 |
| 03/27/2007 | Amick for Senate Committee | 417 Snuff Mill Hill, Hockessin, DE, 19707 | \$0.00 | \$100.00 |
| 03/27/2007 | Committee to Reelect Pam Maier | 417 Snuff Mill Hill, Hockessin, DE 19707 | \$0.00 | \$100.00 |
| 03/27/2007 | Citizens for Sorenson | 417 Snuff Mill Hill, Hockessin, DE 19707 | \$0.00 | \$100.00 |
| 03/27/2007 | Friends of Joe Booth | 200 Garden Street, Georgetown, DE 19947 | \$0.00 | \$50.00 |
| 03/27/2007 | The Outten Campaign | 206 Delaware Avenue, Harrington, DE 19952 | \$0.00 | \$50.00 |
| 03/27/2007 | Friends of Larry Mitchell | 1234 Sycamore Avenue, Wilmington, DE 19804 | \$0.00 | \$50.00 |
| 03/27/2007 | Committee to Reelect Denis Williams | 3414 N. Madison Street, Wilmington, DE 19802 | \$0.00 | \$50.00 |
| 03/27/2007 | Committee to Elect Robert Walls | 2645 Milford Harrington Hwy, Milford, DE 19963 | \$0.00 | \$50.00 |
| 03/27/2007 | Committee to Reelect Terry Spence | 34 Chancellor Drive, Newark, DE 19713 | \$0.00 | \$125.00 |
| 03/27/2007 | Friends of Melanie George Marshall | 12 Calvarese Drive, Bear, DE 19701 | \$0.00 | \$75.00 |
| 03/27/2007 | Friends of Pete Schwartzkopf | 24 Coventry Road, Rehoboth, DE 19971 | \$0.00 | \$75.00 |
| 03/27/2007 | Committee to Elect Terry Schooley | 2 Chapel Hill Drive, Newark, DE 19711 | \$0.00 | \$100.00 |
| 03/27/2007 | Committee to Elect Diana McWilliams | 810 Bezel Road, Wilmington, DE 19803 | \$0.00 | \$100.00 |
| 03/27/2007 | Committee to Elect John Viola | 9 Orangeburg Court, Forest Knoll, Newark, DE 19702 | \$0.00 | \$100.00 |
| 03/27/2007 | Committee to Elect Kowalko | 134 N. Dillwyn Road, Newark, DE 19711 | \$0.00 | \$75.00 |

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|---|--------------------------------------|--|--------|-------------------|
| 03/27/2007 | Committee to Elect Bethany Hall-Long | 127 St. Augustine Court, Middletown, DE 19709 | \$0.00 | \$75.00 |
| 03/27/2007 | Friends of Pam Thornburg | 176 Cardianl Hills Parkway, Dover, DE, 19904 | \$0.00 | \$50.00 |
| 03/27/2007 | Friends of Nick Manolakos | 227 Charleston Drive, Wilmington, DE 19808 | \$0.00 | \$50.00 |
| 08/02/2007 | Friends of Nancy Wagner | 283 Troom Road, Dover, DE 19904 | \$0.00 | \$100.00 |
| 08/02/2007 | Friends of Greg Hastings | 4 Mill Landing, Millosboro, DE 19966 | \$0.00 | \$100.00 |
| 08/02/2007 | Committee to Elect Bruce Ennis | 522 Smyrna-Clayton Blvd., Smyrna, DE 19977 | \$0.00 | \$50.00 |
| 08/02/2007 | Committee to Elect Helene Keeley | 1501 W. 5th Street, Wilmington, DE 19805 | \$0.00 | \$75.00 |
| 08/02/2007 | Friends of Vince Lofink | 103 Veronica Land, Bear, DE 10701 | \$0.00 | \$75.00 |
| 08/02/2007 | Committee to Elect Bryon Short | PO Box 1401, Dover, DE 19903 | \$0.00 | \$100.00 |
| 08/02/2007 | Friends of JJ Johnson | 105 Skelton Drive, New Castle, DE 19720 | \$0.00 | \$75.00 |
| 08/02/2007 | Committee to Elect Hazel Plant | 523 EastLawn Ave., Wilmington, DE 19802 | \$0.00 | \$75.00 |
| 08/02/2007 | Committee to Elect Donna Stone | 1155 Woodsedge Road, Dover, DE 1990 | \$0.00 | \$100.00 |
| 08/02/2007 | Committee to Elect Gerald Hocker | PO Box 930 Ocean View DE 19970 | \$0.00 | \$75.00 |
| 08/02/2007 | Friends of John Still | PO Box 311 Dover, DE 19903 | \$0.00 | \$100.00 |
| 08/02/2007 | Committee to Elect Margaret Henry | 1980 Superfine Lane #101, Wilmington, DE 19802 | \$0.00 | \$100.00 |
| 08/02/2007 | Committee to Elect Miro | 5 Firechase Circle, Newark, DE 19711 | \$0.00 | \$100.00 |
| 08/02/2007 | Citizens for Greg Lavelle | 500 Whitby Drive, Wilmington, DE 19803 | \$0.00 | \$100.00 |
| TOTAL EXPENDITURES IN EXCESS OF \$100 | | | | \$2,728.38 |
| TOTAL EXPENDITURES NOT IN EXCESS OF \$100 | | | | \$0.00 |
| GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F) | | | | \$2,728.38 |



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

Account Number: ***** Reporting Period: 01/01/2007 12/31/2007
FROM TO

Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

IN-KIND CONTRIBUTIONS IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES)

| Date Received | Contributor Name | Contributor Mailing Address | Description of Contribution | Est. Amount Received |
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| TOTAL CONTRIBUTIONS IN EXCESS OF \$100 | | | | |
| TOTAL CONTRIBUTIONS NOT IN EXCESS OF \$100 | | | | |
| GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2B) | | | | |



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

Account Number: ***** Reporting Period: 01/01/2007 12/31/2007
FROM TO

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

IN-KIND EXPENDITURES IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)

| Date Expended | Payee Name | Payee Mailing Address | Description of Expenditure | Est. Amount Expended |
|---|------------|-----------------------|----------------------------|----------------------|
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| TOTAL EXPENDITURES IN EXCESS OF \$100 | | | | |
| TOTAL EXPENDITURES NOT IN EXCESS OF \$100 | | | | |
| GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G) | | | | |



SCHEDULE D-1 - LOANS RECEIVED

Account Number: ***** Reporting Period: 01/01/2007 12/31/2007
FROM TO

All loans in excess of \$50 **RECEIVED DURING THIS REPORTING PERIOD** should be itemized on this schedule. NOTE: These loans must also be listed on Schedule D-2.

LOANS RECEIVED IN EXCESS OF \$50:

| Date Received | Lender | Endorser | Description of Security | Int. Rate | Amount Received |
|---|--------|----------|-------------------------|-----------|-----------------|
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| TOTAL LOANS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C) | | | | | |



SCHEDULE D-2 - LOANS

Account Number: ***** Reporting Period: 01/01/2007 12/31/2007
 FROM TO

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidates Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50:

| Date Rec'd | Lender | Endorser | Description | I n t Rate | Orig. Loan Amt | Payments Made | Balance |
|---|--------|----------|-------------|---------------|----------------|---------------|---------|
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| TOTAL LOANS (TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 3H. TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.) | | | | | | | |



SCHEDULE E - EXPENSE REIMBURSEMENTS

Account Number: *****

Reporting Period:

01/01/2007

FROM

12/31/2007

TO

All expense reimbursements received by you and paid by you must be itemized.

REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)

| Date Received | Reimburer | Description of Activity | Activity Date | Total Expense | Reimbursement |
|---|-----------|-------------------------|---------------|---------------|---------------|
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| TOTAL REIMBURSEMENTS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D.) | | | | | |

REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

| Date Paid | Payee | Description of Activity | Activity Date | Total Expense | Reimbursement |
|---|-------|-------------------------|---------------|---------------|---------------|
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| TOTAL REIMBURSEMENTS PAID (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I.) | | | | | |



SCHEDULE F - NON-CASH ASSETS

Account Number: *****

Reporting Period: 01/01/2007
FROM

12/31/2007
TO

Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.

LIST ALL NON-CASH ASSETS

| Date Received | Description of Asset | Location of Asset (Physical Address) | Value of Asset |
|--|----------------------|--------------------------------------|----------------|
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| TOTAL ASSET VALUE (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5.) | | | |



SCHEDULE G - ELIMINATION OF ASSETS

Account Number: *****

Reporting Period: 01/01/2007
FROM

12/31/2007
TO

Itemize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.

LIST ALL ELIMINATED ASSETS

| Date Eliminated | Description of Asset | Disposition of Asset | Value Received |
|--|----------------------|----------------------|----------------|
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| TOTAL ASSETS ELIMINATED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6.) | | | |